

SINGLE ASSIGNEE CASE SPECIFIC POWER OF ATTORNEY

POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM and STATEMENT UNDER 37 CFR 3.73(b)	Application or Control Number	10/612,072
	Filing Date	July 3, 2003
	First Named Inventor	David LEWIS, et al.
	Title: PRESSURISED METERED DOSE INHALERS (MDI)	
	Attorney Docket Number: 239775US0DIV	

I hereby appoint: <input checked="" type="checkbox"/> Practitioners associated with the Customer Number <div style="border: 1px solid black; display: inline-block; padding: 5px; margin-left: 20px; font-size: 1.5em;">22850</div>	
as my/our attorney(s) or agent(s) to prosecute the application/reexamination proceeding identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.	
Please recognize or change the correspondence address for the above-identified application/reexamination proceeding to: <input checked="" type="checkbox"/> The address associated with the above-mentioned Customer Number.	
I am the: <input checked="" type="checkbox"/> Assignee of record of the entire interest. See 37 CFR 3.71.	
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> CHIESI FARMACEUTICI S.p.A. (Name of Assignee) </div> <div style="width: 45%;"> , a <u>Corporation</u> (Type of Assignee, e.g., corporation, partnership, government agency, etc.) </div> </div>	
<input checked="" type="checkbox"/> States that it is the assignee of the entire right, title, and interest. The Assignment was recorded in the United States Patent and Trademark Office at Reel <u>012301</u> , Frame <u>0836</u> , or for which a copy of the assignment is attached. As required by 37 CFR 3.73(b)(1)(i), the documentary evidence of the chain of title from the original owner to the assignee was, or concurrently is being, submitted for recordation pursuant to 37 CFR 3.11.	
SIGNATURE OF ASSIGNEE OF RECORD	
The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.	
<div style="margin-bottom: 10px;"> </div> <div style="margin-bottom: 10px;"> <u>Paolo CHIESI</u> </div> <div style="margin-bottom: 10px;"> Printed or Typed Name </div> <div> <u>Vice President - R&D Director</u> </div> <div> Title </div>	<div style="margin-bottom: 10px;"> <u>22.1.2010</u> </div> <div style="margin-bottom: 10px;"> Date </div> <div style="margin-bottom: 10px;"> <u>+39 0521 279325</u> </div> <div> Telephone Number </div>
THIS FORM CAN ONLY BE SIGNED WHERE THERE IS ONLY A SINGLE ASSIGNEE	